

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 251

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Jeremy Ray McKinney

Mailing Address 11660 Knollwood Rd

City

Northport

State

AL

Zip Code

35475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383772

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Pat DiCiccio

Mailing Address 8045 N Rivers Edge Rd

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: 5383773

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rachel M. Glancy

Mailing Address 3222 Sunridge Dr S

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 9

Transaction ID: 5389653

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)